

PREDIABETES RISK SCREENING TOOL

Patient Name: _____ DOB: _____

ID #: _____ Smoker: Yes No (circle one)

This tool is intended for use with ages 18 and older to encourage early detection, intervention, and treatment for all patients at-risk for diabetes. Use it as a reminder for exams or important tests and simplify record keeping. It should not replace or preclude clinical judgment.

DATE OF VISIT							
Enter result checkmark, or date, as you deem appropriate.							
WHO TO TEST	Check blood glucose in all people ≥ 45 yrs. •IF result is normal AND pt. does not have any of the risk factors (listed below); <u>Repeat test every 3 years</u> •IF result is abnormal, obtain 2 nd test on a different day to verify diagnosis. <u>Repeat test every 1-2 years*</u> ADA						
	Check blood glucose at < 45 yrs. •IF BMI ≥ 25 or > 23 if Asian American or > 26 if Pacific Islander AND pt. has any risk factors (listed below); <u>Repeat test every 1-2 years*</u> ADA						
RISK FACTORS	Member of a high-risk ethnic population e.g, African American, Hispanic/Latino, Native American, Asian American, Pacific Islander						
	Habitually physically inactive						
	First degree relative with diabetes						
	Hypertensive $\geq 130/85^*$ ATP III, AACE						
	HDL cholesterol level < 40 mg/dl (men) or < 50 mg/dl (women) and/or triglyceride level ≥ 150 mg/dl						
	Hx gestational diabetes or delivered a baby weighing > 9 pounds						
	Waist Measurement (inches)* *Am J Clin Nutr, Mar2005. Women > 35 inches; Men > 40 inches						
	Hx polycystic ovary syndrome						
	Hx of cardiovascular disease						
	Presence of acanthosis nigricans or other condition related to insulin resistance						
PRE DM LAB TEST	Impaired Fasting Blood Glucose (100-125 mg/dl on 2 different dates)						
	Impaired Random Blood Glucose (140-199 mg/dl on 2 different dates)						
	2 hour Oral Glucose Tolerance Test FPG 100–125 mg/dl = IFG (impaired fasting glucose); OR 2 hr. post load glucose 140–199 mg/dl = IGT (impaired glucose tolerance)						

ONCE DIAGNOSIS OF PRE DIABETES IS MADE, USE FORM ON OTHER SIDE FOR TRACKING PRE DIABETES

PREDIABETES TRACKING TOOL



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ID #: _____ Smoker: **Yes** **No** (circle one)

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DATE OF VISIT							
Enter result, checkmark, or date, as you deem appropriate.							
EACH VISIT	Weight (lbs) / Height _____ Inches						
	BMI _____ Target BMI _____ (Goal <25, <23 if Asian American, <26 if Pacific Islander)						
	BP (Goal <130/85)* (Prehypertension 120/80 to 130/89) * JNC 7. AACE						
ANNUAL LABS	Fasting Plasma Glucose (FPG) (Goal <100 mg/dl)						
	Random Glucose (Goal <140 mg/dl)						
	Fasting Lipid Profile:						
	• LDL (Goal <100; desirable <75)						
	• HDL (Goal Men >40, Women >50)						
	• Triglycerides (Goal <150)						
LIFESTYLE COUNSELING	Risk Factor/Lifestyle Education						
	Weight Loss Target wt. _____ (Goal 5% _____ 7% _____ 10% _____)						
	Exercise/Physical Activity (Goal: At least 30 min, 5 times/week)						
	Medical Nutrition Therapy Referral						
	Tobacco Cessation						
OTHER	Flu/Pneumonia Vaccine (age/health related)						
	Check A1C (Normal 4 to 6%)						
	Assess for Sleep Apnea						
	Assess for Metabolic Syndrome						
	Assess Need for Anti-platelet Therapy						

Kentucky Diabetes Network is a statewide partnership striving to improve the treatment and outcomes for Kentuckians with diabetes.

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